

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-275 934

SL 2667

-62-008883

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 23 1962

318

1003

2043

VS 300  
Rev. 4/59

1

28120 27

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83

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN 915 N. Grand, St. Louis, Mo.Length of stay in lb  
3 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VET. ADM. HOSPITALInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY Bond

c. CITY OR TOWN Mulberry Grove

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
R.R. #1Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

EVERETT

A.

WALK

## 4. DATE OF DEATH

Month February

Day 17

Year 1962

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
5/30/989. AGE (last birthday)  
63IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Cumberland, Illinois12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

John Walk

## 13b. MOTHER'S MAIDEN NAME

## 14. NAME OF HUSBAND OR WIFE

Claudia G. Walk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Claudia G. Walk (Wife), Same add. as 2.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

METASTATIC CARCINOMA, LIVER

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

HYPOSTATIC BRONCHOPNEUMONIA

DUE TO (c)

ADENO CARCINOMA SIGMOID COLON

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

153.3

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/14/62 to 2/17/62 and last saw him alive on 2/17/62

Death occurred at 12:01 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE RICHARD K. DANIS (Degree or title)  
M. D.

## 22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED  
2/17/6223a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal23b. DATE  
2-20-6223c. NAME OF CEMETERY OR CREMATORY  
Green Hill Cemetery23d. LOCATION (City, town, or county)  
VanBurensburg, Ill.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Ripperdan Funeral Home, Mulberry Grove, Ill.

25. DATE RECD. BY LOCAL REG.

FEB 19 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.